Form 76 07/01/2003

VIRGINIA DEPARTMENT OF FORESTRY APPLICATION FOR

Page

FIREWISE VIRGINIA COMMUNITY HAZARD MITIGATION GRANT

Name of Community (Organization) App	olying for Grant:		
COMMUNITY CONTACT INFORM	<u>ATION</u>		
Applicant Name:			
Address:			
City:		Zip Code:	
Phone: Primary:	Otl	her:	
Email:		Fax:	
Fire Department Name:			
Fire Chief.			
Other Community Contacts (Optional):			
Name:	Title:	Phone:	
Name:	Title:	Phone:	
Name:	Title:	Phone:	
WILDFIRE HAZARD MITIGATION	<u>PLANS</u>		
☐ We have a current Emergency W	/ildfire Action/Mitigation Plan that in	cludes wildfire suppression and prevention. I	It is the:
		County Emergency Operations Plan	
			ons Plan
		nat includes wildfire suppression and prevent	ion.
Please contact: Name: _		Phone:	
PROJECT DESCRIPTION			
We are applying for a Firewise Virgini	a Community Hazard Mitigation Gra	nt to:	
-			
Please attach a short narrative on what a timeline for completion, who is response		your expected results from completing this project lishments.	ct. Include
Estimated Total Time it will take to co	mplete this Project:	(Maximum of 18 months)	
Anticipated Start Date:	· • • • • • • • • • • • • • • • • • • •		

Please submit an itemized accounting of the costs associated with this project – in addition to the budget worksheet provided on this form. To qualify for funding, you must match at least 80% of the total project costs with 20% non-federal funds or in-kind contributions. Other federal funds cannot be used as a match for this grant.

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FIREWISE VIRGINIA COMMUNITY HAZARD MITIGATION GRANT

Budget Worksheet:

Categories	FEDERAL		NON-FEDER	RAL	
(Describe in Detail)	Funds Requested	Other Funds	Source	In-Kind Matching	Total
Personnel					
Travel					
Equipment*					
Supplies					
Contractual					
Other					
TOTAL					
	FEDERAL (80%)		NON-FEDERAL	(20%)	TOTAL (100%)

^{*} Equipment is defined as tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5000 or more per unit.

COMMINITY APPROVALS

NAME (PRINT)	TITLE	
AUTHORIZED SIGNATURE	DATE	
NAME (PRINT)	TITLE	
AUTHORIZED SIGNATURE	DATE	
TO THORIZED SIGNATURE	DATE	
NAME (PRINT)	TITLE	
AUTHORIZED SIGNATURE	DATE	
	=···=	
NAME (PRINT)	TITLE	

Return completed application and supporting documents to:

John Miller **Virginia Department of Forestry** 900 Natural Resources Drive, Suite 800 Charlottesville, VA 22903 Fax: (434) 296-2369

Phone (434) 977-6555